



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 03 2014

Ms. Carin Constantakis, Owner
Orion Personal Care Corporation
2191 Ferguson Road
Allison Park, Pennsylvania 15101

RE: Orion Personal Care
License #: 431260

Dear Ms. Constantakis:

As a result of the Department of Public Welfare's licensing inspection on October 18, 2013, October 22, 2013, March 13, 2014 and March 14, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period January 20, 2014 to January 20, 2015 was issued on October 10, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

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Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ORION PERSONAL CARE		License Number: 43126
Address: 2191 FERGUSON ROAD, ALLISON PARK, PA 15101		County: Allegheny
Administrator: Suzie DeVore		Region: WEST
Legal Entity Name: ORION PERSONAL CARE CORPORATION		
Legal Entity Address: 2191 FERGUSON ROAD, ALLISON PARK, PA 15101		
Certificate(s) of Occupancy C-2 LP 12/12/1996 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 47	Waking Staff: 35
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/18/2013: Whitney, Diane; Pollock, Susan 10/22/2013: Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable 10/25/2013: Whitney, Diane		
<p>RECEIVED</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 Number of Residents Served: 24 Secured Dementia Care Unit in Home: Yes Area: licensed as SDCU Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 4 Number of Hospice Residents In past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0	

Violation Report: 43126 - 10/18/2013 - Whitney, Diane

PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa. Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 8-7-2013, resident #1 was hit in the face by another resident. The home did not report the incident to the local Area Agency on Aging.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

Staff will be retrained; in the future such incidents will be reported to the Department of Aging. Staff will be retrained at the January 8 2014 at the monthly staff meeting, than annually.

By 6/30/14 - The administrator will develop and implement an abuse reporting system to ensure all reportable incidents are reported by the required method and in the required time frames.

By 6/30/14 - The administrator will monitor incidents in the home at least weekly to ensure all requirements under 15a are followed.

By 6/30/14 - The administrator will track reportable incidents at quality assurance meetings.

WEST REGION FIELD OFFICE
Human Services Licensing

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Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *M.S. DeLorenzo ADMINISTRATOR* Date *1-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/27/14
(Date)

Plan of correction implementation status as of 5/27/14
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43126 - 10/18/2013 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 8-7-2013, resident #1 was hit in the face by another resident. The home did not submit an incident report to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff will be retrained; in the future such incidents will be reported to the DPW. Staff will be retrained at the January 8 2014 at the monthly staff meeting, than annually.

By 6/30/14 - The administrator will develop and implement an abuse reporting system to ensure all reportable incidents are reported by the required method and in the required time frames.

By 6/30/14 - The administrator will monitor incidents in the home at least weekly to ensure all requirements under the care are followed.

By 6/30/14 - The administrator will track reportable incidents at quality assurance meetings

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WEST REGION FIELD OFFICE
Human Services Licensing

5/27/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

1 of 6

Violation Report: 43126 - 10/18/2013 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, start date 10-16-2013, was observed providing unsupervised personal care services on 10-18-2013. The home has not established the staff person was a permanent Pennsylvania resident for the 2 years preceeding employment.

Staff person B, start date 10-28-2010, provides unsupervised personal care services. The staff person was not a Pennsylvania resident for the 2 years preceeding employment.

The home did not obtain a FBI background check on either staff person.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Orion follows the PDA regulation (see the attached) allowing 90 days "provisional hire".

The staff person A, in question was released from ~~her~~ duties on October 18, 2013 until ~~her~~ clearance came through. Clearance attached, dated 10/21/13 from PA Dept. of Agency.

Staff Person B, did complete the application on November 11, 2013 (see the attached), we have not received the results. Staff Person B is going to the UPS Store on January 2, 2014 to ask what might have caused a delay in getting the results. As soon as we receive the results a copy will be mailed to your office.

Our new office manger was retrained on the required documents and the timeline for all documents for all foreign students /applicants, including FBI background check requirement for any employee who has not resided in PA for 2 years.

See the attached updated Employee Checklist with the added section on the FBI Clearance.

Immediately - If an employee works in the home prior to all required background checks are received, the employee will be directly supervised at all times, and not alone with residents.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date

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The above plan of correction is approved as of 5/27/14 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 5/27/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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ck - 5/27/14

<p>Violation Report: 43126 - 10/18/2013 - Whitney, Diane PCH Name: ORION PERSONAL CARE</p>	
<p>1. REGULATION 55 Pa.Code §2600 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.</p>	
<p>2a. DESCRIPTION OF VIOLATION Staff person A, start date of 10-16-2013, was observed providing unsupervised personal care services on 10-18-2013. The home has not established the staff person held permanent Pennsylvania residency for the 2 years preceding employment. Staff person B, start date of 10-28-2010, provides unsupervised personal care services. The staff person did not live in Pennsylvania as a permanent resident for the 2 years preceding employment. The home did not obtain a FBI background check on either staff person.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</p> <p>Duplicate of page 4 Staff person A suspended until clearance completed. Clearance completed 10/22/13 by PA Dept. of Aging. Staff person B applied for FBI clearance on 11/11/13. Clearance completed 11/31/14 by PA Dept. of Aging. If immediately - If an employee works prior to all required background clearances are received, the employee will be directly supervised at all times, and not alone with any resident. Office manager trained on required documents and timelines for all foreign student applicants including FBI background checks for any employee who has not resided in PA for 2 years.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
<p>Signature of Legal Entity Representative (Required on EVERY Page)</p> <p><i>[Signature]</i></p>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
M.S. DeLora	ADMINISTRATOR
	1-6-14
<p>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</p>	
<p>The above plan of correction is approved as of <u>5/27/14</u> (Date)</p>	<p>Plan of correction implementation status as of <u>5/27/14</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
<p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	

5/27/14

Violation Report: 43126 - 10/18/2013 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

Log 6

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A does not have a high school diploma, GED, or active registration of the Pennsylvania nurse aide registry. The home does not have verification that the staff person was accepted or is registered for college-level courses at the university.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

See the attached CCAC's billing statement for Staff Person A. Staff person A registered for college level academic program.

Our new office manger was retrained on the required documents and timeline for all documents for all foreign students /applicants.

See the attached updated Employee Checklist with the added section on the Letter/Billing from the Register's Office

Immediately - The administrator will ensure that documentation of high school diploma, GED diploma, or active status on nurse aid registry or acceptance in college-level academic program is documented in employer record.

Jan 5/27/14

5/27/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *M.S. DeVore Administrator* Date *1-6-14*

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The above plan of correction is approved as of *5/27/14* (Date)

The above plan of correction was approved by *[Initials]* (Initials)

Plan of correction implementation status as of *5/27/14* (Date)

- Fully Implemented *[initials]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 43126 - 10/18/2013 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

1. REGULATION 65 Pa.Code §2600

2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

Staff person C, who is the home's administrator, has not successfully completed the Department-approved and administered orientation program.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Per Regulation 64a OPC is in compliance.

The 100 hour course is recommended, but not required if the administrator completed the 40 hour course.

SD has served for the past 23 years as an Administrator with no break in service.

See the attached regulation

See the attached letter from Temple University and the Department of Public Welfare stating that the administrator had completed the required Administrator Training.

Violation withdrawn 1-5-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

M.S. DeVos

Date

1-6-14

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- Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43126 - 10/18/2013 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person B did not receive training in accident and falls prevention during training year 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

OPC is in compliance see the attached document.

A copy of staff person B's training record is included and all her training was completed for 2012.

Immediately - The administrator will ensure that all training documentation is kept in employee records, and that training topics, length of training and the name of the trainee are included on the documentation.

5/27/14

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WEST REGION FIELD OFFICE
Human Services Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MS DeLoach* Date *1-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/27/14 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 5/27/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43126 - 10/18/2013 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The three railroad tie steps to the basement outside the front of the home do not have a handrail.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

A handrail will be installed by the second week of January and a picture of the installed handrail will be mail to your office.

By 1/27/14 The administrator or designee will monitor all outside handrails to ensure they are secure.

2/27/14

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WEST REGION FIELD OFFICE
Human Services Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *M.S. DeLoach Administrator* Date *1-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 5/27/14
(Date)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43126 - 10/18/2013 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
Two drawer fronts were missing from the dresser in the hallway on the 2nd floor that contained linens.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Per the regulations OPC is in compliance.

The dresser in the hallway is an antique and does not have pull handles. Residents have had no issues with retrieving towels from this dresser. See attached picture.

*Violation
Withdrawn
5/27/14*

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WEST REGION FIELD OFFICE
Human Services Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *U.S. Debbas Administration* Date *1-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43128 - 10/18/2013 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 5-23-2013 at 4:21 does not include an A.M./P.M. designation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The time of day (am or pm) was added to the drill record. Staff will be more observant in the future when completing the form.

The administrator and the office manager will sign off on each drill to be sure all is accurately completed.

See the attached updated Fire Drill form.

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WEST REGION FIELD OFFICE
Human Services Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *M.S. DeVore, Administrator* Date *1-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/27/14
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 5/27/14
(Date)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 43128 - 10/18/2013 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On the following dates and times, medication was administered to residents more than one hour before or one hour after the time ordered:

On 10-7-2013 at 11:33 AM, staff person D administered resident #1's 10:00 AM dose of Albuterol

On 10-16-2013 at 8:38 AM, staff person D administered resident #1's 10:00 AM dose of Albuterol.

On 10-11-2013 at 8:48 AM, staff person D administered resident #2's 10:00 AM dose of Amlodipine.

On 10-12-2013 at 5:30 PM, staff person E administered resident #2's 4:00 PM dose of Clonazepam.

On 10-13-2013 at 5:18 PM, staff person F administered resident #2's 4:00 PM dose of Clonazepam.

On 10-14-2013 at 5:43 PM, staff person B administered resident #2's 4:00 PM dose of Clonazepam.

On 10-9-2013 at 9:56 AM, staff person E administered resident #3's 8:30 AM dose of Alprazolam.

On 10-12-2013 at 11:08 AM, staff person E administered resident #3's 8:30 AM dose of Alprazolam.

On 10-18-2013 at 10:00 AM, staff person E administered resident #3's 8:30 AM dose of Alprazolam.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Orion has contracted with a new pharmacy, Leechburg, with a more advanced medication system/program. This system enables the staff to clearly see the med pass times required.

In addition to the new system the medication pass times have been modified for an accurate and timely administration of the medications.

By 6/21/14 The administrator will ensure at least one medication pass by each employee to ensure proper procedures, including administration times, are followed.
The Accu-flo Company and Creative Strategies came and performed a three hour training for each qualified med pass person. This program re-educated the staff on mandatory time tables, and accuracy.

Repeat Violation: No

Date(s) of Previous Violation(s):

8/6/2014 - Administrator as designed will monitor the MAR at least weekly to ensure medications are administered at the correct times.

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

U.S. DEVEAT ADMINSTRATOR

Date

1-6-14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5/27/14
(Date)

Plan of correction implementation status as of

5/27/14
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43126 - 10/18/2013 - Whitney, Diane PCH Name: ORION PERSONAL CARE
1. REGULATION 55 Pa.Code §2600 2600.233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.
2a. DESCRIPTION OF VIOLATION The locked left gate in enclosed exterior courtyard, and primary evacuation route, opened into the front parking lot and is not locked with an electronic or magnetic locking system. The locked gate on the back deck opened to the unsecured back yard and is not locked with an electronic or magnetic locking system. VIOLATION WITH PLAN 7/31/14
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>

Locked gate in courtyard, primary evacuation route. OPC has been in contact with our fire safety expert. Fire safety expert has reviewed and has provided a signed letter (please see attached) that eliminates the locked gate in courtyard as the primary evacuation route. Primary evacuation has been re-routed to the front door of the residence (existing emergency exit with mag lock which leads to the front porch), which eliminates the need for a locking system on the gate in the courtyard. NOT acceptable for SDCU

Locked gate on back deck. Section 233(d) 'A raised balcony that is off the ground and has no means of egress from the balcony is not required to have an electronic or magnetic system.' OPC will remove the gate on the deck, eliminating egress, and will replace with continuous railing.

On 7/31/14 - The home received an invoice for installation of an electronic locking mechanism for the exterior courtyard gate.
 By 9/15/14 - The home will complete installation of the electronic locking system and obtain written approval from the Dept. of Health or appropriate local building authority permitting use of the system.
 By 9/15/14 - The home will obtain a statement from the manufacturer, verifying that the system will shut down and gate will open easily upon signal from an activated fire alarm system, power failure to the home, and/or overriding the locking system by use of a key, keypad or other unblocking device.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
H.S. Dolan 1-6-14		
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	7/31/14 (Date)	Plan of correction implementation status as of 7/31/14 (Date)
The above plan of correction was approved by	 (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43126 - 10/18/2013 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
Resident #3 was admitted to the SDCU on 9-7-2013. The support plan was not completed until 9-15-2013.
Resident #4 was admitted to the SDCU on 6-24-2013. The support plan was not completed until 7-2-2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Support Plans for Residents # 3 and #4 were completed within the 30 days permitted according to last year's DPW approved Plan of Correction. DPW approved Orion Personal Care Residence as a Secured Dementia Unit with an Integrated Program. This permits 30 days to complete the RASP for a resident requiring Personal Care services vs 48 hours RASP completed for resident's requiring a secured dementia unit.

unacceptable

****OPC's existing secured waiver submitted and under review was sent to the regional office on December 19, 2013.

Immediately- the administrator will ensure that support plans for residents admitted to the home are completed within 72 hours of admission or 72 hours prior to admission.

6/2/14

RECEIVED

WEST REGION FIELD OFFICE
Human Services Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/27/14
(Date)

Plan of correction implementation status as of 5/27/14
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43126 - 10/18/2013 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #'s records does not include an inventory of the resident's personal property.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The inventory form was in with an ongoing incident report. The form was faxed to our inspector within a week of the inspection. Due to the unusual circumstances this will not happen again.

See the attached the Checklist .

By 1/30/14 - The administrator or designee will review all residents' records to ensure an inventory of residents' property is in the record. If none is in the record, a new inventory sheet will be obtained and completed and kept in residents' record.

Whitney

RECEIVED

WEST REGION FIELD OFFICE
Human Services Licensing

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *M.S. DeVore* Date *1-6-14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *1/31/14*
(Date)

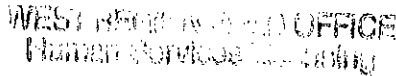
Plan of correction implementation status as of *1/21/14*
(Date)

The above plan of correction was approved by *[Initials]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *or*
- Partially Implemented - Inadequate Progress
- Not Implemented

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 16

PCH Name: ORION PERSONAL CARE		License Number: 43126
Address: 2191 FERGUSON ROAD, ALLISON PARK, PA 15101		County: Allegheny
Administrator: Suzie Devore		Region: WEST
Legal Entity Name: ORION PERSONAL CARE CORPORATION		
Legal Entity Address: 2191 FERGUSON ROAD, ALLISON PARK, PA 15101		
Certificate(s) of Occupancy		
C-2 LP 12/12/1998 L & I	Other/PCH 07/13/1995 Hampton Twp.	Other/Addition 12/19/1996 Hampton Twp.
Staffing Hours		
Resident Support: 0	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Interim - POC		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Interim, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 03/13/2014: Whitney, Diane; Mandock, Nancy 03/19/2014: Whitney, Diane; Mandock, Nancy; Wenzig, Janine		
Off-Site Inspection Dates and Inspectors, if Applicable 03/20/2014: Whitney, Diane 03/28/2014: Whitney, Diane		
		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 Number of Residents Served: 25 Secured Dementia Care Unit In Home: Yes Area: entire home Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 25 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 25 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 0

Violation Report: 43126 - 03/13/2014 - Whitney, Diane
PCH Name: ORION PERSONAL CARE

WEST PENN. DISTRICT OFFICE
Human Services

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:
(1) Be 18 years of age or older, except as permitted in § 2600.54(b)
(2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 3-10-14, does not have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry. This staff person is primarily a cook; however, performs direct care duties also.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

p. 2

Waiver was not needed.

See attached: Letter from DPW

Violation withdrawn on 6/2/14

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
M.S. DeWine ADMIN. SERVICES 4-22-14	

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The above plan of correction is approved as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of _____ (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43126 - 03/13/2014 - Whitney, Diane
 PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa. Code §2600

2600 65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms
- (7) Telephone use and notification of emergency services

WEST HAVEN OFFICE
 HUMAN SERVICES

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 3-10-14, did not receive orientation in any of the topics under 2600 65a, to include the following

- Evacuation procedures
- Staff duties and responsibilities during fire drills, as well as emergency evacuation
- The designated meeting place outside the building or within the fire-safe area in the event of an actual fire
- Smoking safety procedures, the home's smoking policy and location of smoking areas
- The location and use of fire extinguishers
- Smoke detectors and fire alarms
- Telephone use and notification of emergency services

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

p.3

█ had been trained as required but the proper paperwork had not been filled out as required.

Administrator re-educated, the New Office Manager of the required staff documents and the timeline for their required completion. A second office person has been assigned to perform audit monthly reviews of the staff files and to follow up on new staff training.

By 6/30/14 - The administrator or designee will review all employee training records to ensure all training is completed and documented in employee record. See 6/1/14

Repeat Violation: No	Date(s) of Previous Violation(s):	employee record. See 6/1/14
Signature of Legal Entity Representative (Required on EVERY Page)		Date
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		4-22-14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	5/29/14 (Date)	Plan of correction implementation status as of 5/29/14 (Date)
The above plan of correction was approved by	(Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43126 - 03/13/2014 - Whitney, Diane
 PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600 93(a) - Each ramp interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
 The black iron handrail for the stairway leading to the second floor is loose and moves approximately 2 inches
 Observed on 3-19-14.

3 PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

WEST HAVEN HEALTH OFFICE
 Human Services

p. 4

The administrator and the maintenance director updated the Maintenance Log to include monthly checks of all the indoor and outdoor railing for stability. The railing mentioned was stabilized on March 17, 2014.

See attached: Picture of the of stabilized railing and the updated Maintenance Log

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
MS DeVore - Administrator			4-22-14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>3/27/14</u> (Date)		Plan of correction implementation status as of <u>5/27/14</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <u>o</u> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43126 - C3/13/2014 - Whitney Diane PCH Name: ORION PERSONAL CARE	WEST HAVEN FIELD OFFICE HUMAN SERVICES
1. REGULATION 55 Pa.Code §2600 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	
2a. DESCRIPTION OF VIOLATION On 3-13-14, at approximately 9 A.M., there was an accumulation of approximately 1/4" of snow on the front steps and the 2nd floor deck leading from the fire escape stairs, from a snowfall the previous evening.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	

p.6

██████████ maintenance director was re-educated on the importance and the priority of all the walkways, ramps and stairways that must be kept clear of snow and debris at all times.

All staff was re-educated on April 9, 2014 of the same. ██████████ will conduct training each November Snow and Debris removal.

See attached: Documentation of ██████████ re-training, Staff training, and the updated Maintenance Log.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
M.S. DeVito			4-22-14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>5/27/14</u> (Date)		Plan of correction implementation status as of <u>5/27/14</u> (Date)	
The above plan of correction was approved by <u>D</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43126 - 03/13/2014 - Whitney, Dawn
PCH Name: ORION PERSONAL CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800
2600.121(a) Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed

2a. DESCRIPTION OF VIOLATION

On 3-19-14, agents of the Department attempted to open the gate from the enclosed courtyard but were unable to exit. The gate was locked from the outside with 3 self locking latches connected with a piece of twine. Staff person B was able to open it with difficulty by simultaneously reaching through the gate, pulling the twine, kicking an inside lock release, and pushing it open.

On 3-13-14, at approximately 9:15 A.M. and again at approximately 1:45 P.M., a rollator walker blocked egress from the exit off the living room leading to the front porch.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and state the amount of time you estimate it will take to complete. Steps cannot be completed immediately include dates by which the steps will be completed.)

Orion will modify the gate closure mechanisms to provide easier passage by May 7, 2014. A sign will be conspicuously posted by the gate, with easy to follow written instructions for gate passage by May 7, 2014. Upon completion a picture will be sent to your office.

On 7/31/14 - The home received an invoice for installation of an electronic locking mechanism for the exterior courtyard gate.
By 9/15/14 - The home will complete installation of the electronic locking system and obtain written approval from the Dept. of Health or appropriate local building authority per

2. Rollator: The administrator educated the resident on the need to park his rollator so that he does not block the exit. Tape was placed on the ground to assist on exactly where to park and a sign was also added to the same location as a reminder.

Administrator and staff will monitor the rollator to assure it does not block the exit

See attached: Picture of the rollator properly parked and a picture of the reminder. See below

Repeat Violation: Yes	Date(s) of Previous Violation(s): 10/10/2012
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date: 4-22-14	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of: 7/31/14 (Date)	Plan of correction implementation status as of: 7/31/14 (Date)
The above plan of correction was approved by: (Initials)	<input type="checkbox"/> Fully Implemented
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented

On 7/31/13 The home received an invoice for installation of an electronic locking system on exterior courtyard gate.

By 9/15/14 - The home will complete installation of the electronic locking system and obtain written approval from the Dept of Health or appropriate local building authority permitting use of the system.

By 11/15/14 - The home will obtain a statement from the manufacturer verifying that the system will shut down and gate will open easily upon signal from an activated fire alarm system, power failure to the home and overriding the electronic or magnetic locking system by a key, keypad or other unlocking device. On 7/31/14

Violation Report: 43126 - 03/19/2014 - Whitney, Diane
 PCH Name: ORION PERSONAL CARE

WEST BERNARD FIELD OFFICE
Human Services Division



1. REGULATION 55 Pa. Code §2600
 2600.123(c) - For a home serving nine or more residents an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
 None of the emergency evacuation diagrams include lines of travel to the exit doors. The home serves 25 residents
 Observed on 3-19-14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

The administrator oversaw the addition to travel lines to the exit doors made to all the Fire Evacuation Plans. Any future updates will include travel lines.

See attached: Updated Fire Evacuation Plan with the travel lines.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
M. S. DeVore			
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of	3/27/14 (Date)	Plan of correction implementation status as of	3/27/14 (Date)
The above plan of correction was approved by	 (Initials)	<input checked="" type="checkbox"/> Fully Implemented  <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43126 - 03/13/2014 - Whitney Diana
 PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered

- (1) Resident's name
- (2) Drug allergies
- (3) Name of medication
- (4) Strength
- (5) Dosage form
- (6) Dose
- (7) Route of administration
- (8) Frequency of administration
- (9) Administration times
- (10) Duration of therapy, if applicable
- (11) Special precautions, if applicable
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN)
- (13) Date and time of medication administration
- (14) Name and initials of the staff person administering the medication

2a. DESCRIPTION OF VIOLATION
 The March 2014 medication administration record for resident #2 does not include the diagnosis or purpose for FML 0.1% eye drops

The March 2014 medication administration record for resident #3 does not include the diagnosis or purpose for Atenolol

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include a plan of correction that describes the steps to prevent a similar violation from occurring again. If steps cannot be completed

WEST HESSEL
 UNION TOWNSHIP

The administrator notified [redacted] Leechburg Pharmacy Manager on March 21, 2014 of the needed corrections the MAR siting regulation 2600.187, the Diagnosis or Purpose of Medications on the MAR and the corrections were made immediately. The monthly medication audit forms were modified to highlight the importance of "reason and purpose" and the auditors were retrained. Upon further monitoring there have been no such error and continued monitoring will take place with the monthly Medication Audit.

See attached: Note from [redacted]; the corrected MAR pages and the updated Medication Audit Form.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 10/10/2012
Signature of Legal Entity Representative <i>[Signature]</i> <small>(Required on EVERY Page)</small>	
Printed Name and Title of Legal Entity Representative <i>M.S. DeVore</i> <small>(Required on EVERY Page)</small>	Date <i>4-22-14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/27/14</u> (Date)	Plan of correction implementation status as of <u>5/27/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43126 - 03/13/2014 - Whitney, Diane PCH Name: ORION PERSONAL CARE	
1. REGULATION 55 Pa. Code §2600 2600.137(d) - The home shall follow the directions of the prescriber.	WEST PENNSYLVANIA OFFICE PITTSBURGH, PA 15201
2a. DESCRIPTION OF VIOLATION Resident #4 is ordered the following medications daily at 8 P.M, however, they were not administered to the resident on 3-9-14 as they were not available in the home * Losartan Potassium 100 mg, 1 tablet at bedtime * Metoprolol Tartrate, 25 mg, 1 tablet twice a day * Quetiapine Fumarate 25 mg, 1/2 tablet at bedtime * Mirtazapine 15 mg, 1/2 tablet at bedtime	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed	

At the inspection DW requested an Off Schedule Report for [redacted] which was faxed on March 20, 2014. This report showed that on March 7th [redacted] refused her noon medications because she was sleeping and did not want to be disturbed, "did not want to take while sleeping". The medication was given 1:21 pm 21 minutes past the 2 hour window allotted. The medications were in the med cart. Staff person [redacted] filled out a Medication Refusal Notification and Dr [redacted] was notified text messaging and he replied "thanks".

The administrator is aware of the seriousness of any resident refusing his or her medications so with the cooperation of the resident, staff and the resident's physician if a pattern of refusals continue than her medications will be moved to a better time frame.

1372.13014 - The administrator or designee will audit the medication cart at least monthly to ensure all medications are available in the home.
See attached: Off Schedule Report, and the Medication Refusal Notification

Handwritten: 5/27/14

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
MS DeLoach Administrator		4-22-14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	5/27/14 (Date)	Plan of correction implementation status as of 5/27/14 (Date)
The above plan of correction was approved by	<i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 4J126 - 03/13/2014 - Whitney, Diane
 PCII Name: ORION PERSONAL CARE

1. REGULATION 55 Pa Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The assessment, dated 4-23-13, for resident #1, does not include the resident's diagnosis of depression as indicated on the medical evaluation dated 4-29-13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The administrator and office personnel reviewed the violation, on April 21, 2014 and they will be more attentive to using the DME as their guide for completion of the Initial, Annual and status Change RASP. The Administrator developed a Resident File Review to be conducted monthly.

See attached: See the Resident File Review

Start Assessment for resident #1 updated to include diagnosis of depression.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
MS. Diane Whitney - Administrator			
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>3/27/14</u> (Date)		Plan of correction implementation status as of <u>5/15/14</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43126 - 03/13/2014 - Whitney, Diane
 PCH Name: ORION PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows.
 (1) Annually
 (2) If the condition of the resident significantly changes prior to the annual assessment
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on 11-5-13. The assessment, dated 11-8-13, indicates the resident is independently mobile and requires no supervision in or out of the home.

Since admission, the resident has shown signs of memory loss and on 3-7-14, the physician completed a consent form for SDCU placement.

On 3-19-14, representatives of the Department observed and interviewed resident #1. The resident had a slow, shuffling gait, used a cane, needed the assistance of one staff person to walk, and had difficulty responding to questions, indicating he/she has resided in the home for "a couple of weeks." Staff also indicated resident #1 "has difficulty walking today."

The home has not completed another assessment of the resident due to the resident's significant changes in condition.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

WEST PENNSYLVANIA FIELD OFFICE
 COMMUNITY SERVICES

The administrator was aware of [redacted] sudden change in physical and mental condition with the onset the morning of the inspection. The doctor was contacted and was aware of the condition change, as was his daughter. At no time since [redacted] change in condition was he unsupervised, including ambulation. All parties agreed that we had to diagnose and rule out conditions, uti, medications, etc. After ruling out all of the above, on March 28, 2014 [redacted] was admitted into hospice. [redacted] was moved into a first floor room. A new DME and RASP was completed.

See attached: DME and RASP

See below

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
[Signature]		4-22-14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	5/27/14 (Date)	Plan of correction implementation status as of
		5/27/14 (Date)
The above plan of correction was approved by	[Signature] (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented


By letter - The administrator or designer will review the assessments of all residents to ensure they are accurate and updated where necessary. In the event a resident has experienced a significant change in condition, a new assessment will be completed.

5/27/14

Violation Report: 43126 - 03/13/2014 - Whiney, Diana PCH Name: ORION PERSONAL CARE	WEST VIRGINIA BUREAU OFFICE Human Services
1. REGULATION 55 Pa.Code §2600 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan	
2a. DESCRIPTION OF VIOLATION The support plan, dated 5-2-13, for resident #5, is missing the signature page. Therefore, it cannot be determined who participated in the plan.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	

The administrator found the completed support plans signature page in with the staff's support plan binder, and it they were properly placed with the original file, at inspection. The administrator developed a Resident Review File where in the future such errors will be found and corrected.

See attached: Signed pages mentioned and the Resident Review File form.

Repeat Violation No	Date(s) of Previous Violation(s)		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
M.S. DeVine - ADMINISTRATOR 4-27-14			
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of	5/27/14 (Date)	Plan of correction implementation status as of	5/27/14 (Date)
The above plan of correction was approved by	 (Initials)	<input checked="" type="checkbox"/> Fully implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43126 - 03/13/2014 - Whitney, Diane PCH Name: ORION PERSONAL CARE	WEST HAVEN OFFICE Human Services
1. REGULATION 55 Pa.Code §2600 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit	
2a DESCRIPTION OF VIOLATION Resident #6 was admitted to the SDCU on 1-3-14, however, the medical evaluation was completed on 10-29-13	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately include dates by which the steps will be completed</i>	

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Administrator developed a Resident File Review to be conducted monthly Administrator added to the Resident Checklist Admission Information on 4/21/2014

DME ⁶⁰ 30 days prior to admit [within 30 days of the Evaluated date] ^{if not complete}

Future family members will be educated on the required time frame for the admission paperwork.

Administrator and the Office Manager will review, each new admission paperwork prior to signing off

If the evaluation date is greater than the 30 days permitted, the DME will be returned to the family requiring a new physical with the appropriate evaluated date timeframe.

See attached: Admission File Review

Implementation by - The administrator will ensure that a medical evaluation for all new residents is completed within 60 days prior to admission.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
M.S. DeVore - Administrator 4-22-14			
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/27/14</u> (Date)		Plan of correction implementation status as of <u>4/27/14</u> (Date)	
The above plan of correction was approved by <u>dc</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43126 - 03/13/2014 - Whitney, Diane
 PCH Name: ORION PERSONAL CARE

WEST REGIONAL OFFICE
HUNTON SERVICE CENTER

1. REGULATION 55 Pa.Code §2600
 2600 233(d) - Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system

2a. DESCRIPTION OF VIOLATION
 The exit door from the stairwell to the front porch has a push-button exit button installed on the wall in addition to the keypad code, which allows residents to exit by solely pushing the button which bypasses the keypad.

Observed on 3-13-14 and 3-19-14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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The administrator oversaw the maintenance director's dismantling of the mentioned push-button exit button at the inspection. In the future, items in a waiver will not be implemented prior to approval.

The administrator will ensure that the push button exit is not reactivated, by monitoring daily.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
M. S. DeVore			
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>5/27/14</u> (Date)		Plan of correction implementation status as of <u>5/27/14</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (In Itals)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 43126 - 03/13/2014 - Whitney, Diane
 PCH Name: ORION PERSONAL CARE

WEST HAVEN, CT
WEST HAVEN, CT


1. REGULATION 55 Pa.Code §2600
 2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs

2a. DESCRIPTION OF VIOLATION
 The support plan, dated 4-23-14, for resident #7, does not address how the resident's needs related to the diagnosis of depression, as indicated on the medical evaluation, dated 4-29-13, will be met by the home

3. PLAN OF CORRECTION (POC) (Attach pages as necessary) (Remember that you must sign and date any attached pages)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

The administrator and office personnel reviewed the regulation, on April 21, 2014 and they will be more attentive to using the DML as their guide for completed the Initial, Annual and Status Change RASP. The Administrator developed a Resident File Review to be conducted monthly.

See attached: See the Resident File Review
 Support plan for resident #7 updated to include how the home will meet the resident's needs related to diagnosis of depression.
 By also: The administration or director will review the support plans of all current residents to ensure a plan is completed for each client, including all diagnoses.
 Started

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
M.S. D. - Vice		4-22-14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	3/27/14 (Date)	Plan of correction implementation status as of
		3/27/14 (Date)
The above plan of correction was approved by	 (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented